

## AFFIDAVIT OF SERVICE



P5665518

LEVY KONIGSBERG LLP Alyza M. Dermody  
UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
J.W. A MINOR BY AND THROUGH AMANDA WILLIAMS AS GUARDIAN AND NEXT  
FRIEND

index No. 3:21-cv-00663-CWR-LGI

- vs -  
THE CITY OF JACKSON MISSISSIPPI, ETAL

PLAINTIFF

Date Filed  
File No. NONE GIVEN  
Court Date:

DEFENDANT

AFFIDAVIT OF SERVICE

STATE OF Mississippi, COUNTY OF Hinds :SS:Brian E Moore

, being duly sworn deposes and says:

Deponent is not a party herein, is over 18 years of age and resides in the State of Mississippi.On November 12, 2021 at 9:45 AM,at C/O THOMAS E. DOBBS III, MD, MPH, STATE HEALTH OFFICER 570 EAST WOODROW WILSON DRIVE JACKSON, MS 39216

deponent served the within COMPLAINT, EXHIBIT(S), JURY DEMAND, SUMMONS IN A CIVIL ACTION on: MISSISSIPPI DEPARTMENT OF HEALTH AND DIRECTOR JIM CRAIG, the DEFENDANT therein named.

#1 INDIVIDUAL

By delivering a true copy of each to said recipient personally; deponent knew the person served to be the person described as said person therein.

☒ #2 CORPORATIONBy delivering a true copy of each to Jenny Griffin Asst. Health Officer personally,

deponent knew the person so served to be the \_\_\_\_\_ of the corporation, and authorized to accept service on behalf of the corporation.

#3 SUITABLE AGE PERSON

By delivering a true copy of each to \_\_\_\_\_ a person of suitable age and discretion. Said premises is DEFENDANT'S: [ ] actual place of business [ ] dwelling house (usual place of abode) within the state.

#4 AFFIXING TO DOOR

By affixing a true copy of each to the door of said premises, which is DEFENDANT'S: [ ] actual place of business [ ] dwelling house (usual place of abode) within the state.Deponent was unable, with due diligence to find DEFENDANT or a person of suitable age and discretion, having called thereat

on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

Address confirmed by \_\_\_\_\_

#5 MAIL COPY

On \_\_\_\_\_ I deposited in the United States mail a true copy of the aforementioned documents properly enclosed and sealed in a post-paid wrapper addressed to the above address. Copy mailed 1<sup>st</sup> class mail marked personal and confidential not indicating on the outside thereof by return address or otherwise that said notice is from an attorney or concerns an action against the person to be served.

#6 DESCRIPTION (USE WITH #1, 2 OR 3)

Deponent describes the person served as aforesaid to the best of deponent's ability at the time and circumstances of the service as follows.

Sex: \_\_\_\_\_ Color: \_\_\_\_\_ Hair: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

OTHER IDENTIFYING FEATURES: \_\_\_\_\_

#7 WITNESS FEES

The authorized witness fee and / or traveling expenses were paid (tendered) to the DEFENDANT in the amount of \$ \_\_\_\_\_

#8 MILITARY SRVC

Deponent asked person spoken to whether the DEFENDANT was presently in military service of the United States Government or of the State of \_\_\_\_\_ and was informed that DEFENDANT was not.

#9 OTHER

NOTARY NAME &amp; DATE

James Glen Moore 11/13/2021



PM Legal, LLC  
1235 BROADWAY 2ND FLOOR  
NEW YORK, NY 10001  
Reference No: 7-LPK-5665518

Mississippi Department of Health and  
Director Jim Craig

Defendant: C/O Thomas E. Dadds III, MD, MPH

State Health Officer 570 East Woodrow Wilson DR.

Note the type of service required:

☐ Personal Service Only

☐ Residence Service Acceptable

Jackson

Attempt 1 Date: 11-12-21 Time: 9:45am

Notes: Served Jenny Griffin in Health Department  
She accepted on behalf of Dr. Dadds  
She is Asst. Health Officer

Attempt 2 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

Attempt 3 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

Attempt 4 Date: \_\_\_\_\_ Time: \_\_\_\_\_

Notes: \_\_\_\_\_

Additional Attempts: \_\_\_\_\_

\*\*\*If process is unable to be delivered, please note the reason and attempts made to  
locate additional information

Service Information:

☐ At Residence ☐ At Employment

Date: 11-12-21 Time: 9:45am Jenny Griffin

Signature of Person receiving documents: [Signature]

Date: 11/12/2021

Relationship to person for residence service: \_\_\_\_\_

Name of Process Server Brian E Moore

\*\*\*If person refuses to sign for paperwork, please list a brief description of that person  
on the back of this form